

(1) PLACE OF BIRTH

County of Richmond  
Township of Hubbard  
or  
Inc. Town of  
or  
City of

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
**13416**

Registration District No. 208 Registered No. 12  
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL  (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 31 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Oliver Mills  
(9) PRESENT POSTOFFICE OF FATHER Monetta S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)  
(12) BIRTHPLACE Wicken Co  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 7

MOTHER.  
(14) NAME BEFORE MARRIAGE Ellen Mills  
(15) PRESENT POSTOFFICE OF MOTHER Monetta S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)  
(18) BIRTHPLACE Wicken Co  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was 20 Weeks at 2:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Oralia Rose  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Earle S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6/2 19 22 (28) J. L. J. [Signature] Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

STATE OF SOUTH CAROLINA, BUREAU OF VITAL STATISTICS, No. 9, etc., in Question 6